

Form 24, AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)

1. CIR./DIST./ DIV. CODE TNW		2. PERSON REPRESENTED Cassell Brown		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 02-20447-1-B		5. APPEALS DKT./DEF. NUMBER 05-6472		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S.A. vs. Brown		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) Appointed	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21 USC § 841(a)(1) Unlawful possession with Intent to Distribute and Distribution of Cocaine							
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> Sentencing							
14. SPECIAL AUTHORIZATIONS							
A. Apportioned _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <u>15/10/2005</u> <u>10/07/2005</u> Signature of Attorney      Date Dewun R. Settle Printed Name Telephone      901.522.8900 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 15 is hereby granted. <u>10/12/05</u> Signature of Presiding Judicial Officer or By Order of the Court      Date of Order _____      Numeric Pro Tune Date			
<b>CLAIM FOR SERVICES</b>							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE				Telephone			
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original							
Copy							
Expense (Itemize)							
<b>TOTAL AMOUNT CLAIMED:</b>							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of _____ Date _____							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk      Date							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT _____ Signature of Judicial Officer or Clerk of Court						24. AMOUNT APPROVED	

This document entered on the docket sheet in compliance with Rule 55 and/or 32(b) FRCrP on 10-14-05

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## Notice of Distribution

This notice confirms a copy of the document docketed as number 103 in case 2:02-CR-20447 was distributed by fax, mail, or direct printing on October 14, 2005 to the parties listed.

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Honorable J. Breen  
US DISTRICT COURT